

**VOLUNTARY PLACEMENT AGREEMENT
PARENT/AGENCY
(Indian Child)**

COMPLETE IN DUPLICATE:

One copy to: Parents of Guardian
Child's Social Service Record

CASE NAME	CASE NUMBER
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I request that the _____ County Welfare Department place my child _____

in a licensed/certified foster care facility. My reason for the request is _____

I know that voluntary foster care is limited to six months and that my child will be returned to me by _____ (DATE)

The Agency agrees to:

1. Place my child in accordance with the provisions of the Indian Child Welfare Act (25 United States Code 9001 et. seq.)
2. Arrange for care of my child in a licensed/certified foster care facility.
3. Select the home with the participation of me and my child.
4. Supervise my child while in foster care.
5. Arrange for services which will help my child return home, discuss those services with me and list them in a written service plan.
6. Arrange for medical care. Notify me of emergency medical care or hospitalization of my child.
7. Notify me if a change in foster care facility is necessary.
8. Provide a grievance procedure.
9. Carry out legal consent provisions on behalf of my child in this agreement.

Recognizing my responsibility for the care and welfare of my child, I agree to:

1. Assist the Welfare Department in determining my financial responsibility for the care of my child while in foster care.
2. Keep the Agency advised at all times of my address and telephone number.
3. Visit my child as per arrangement with the placement agency.
4. Allow the Agency to move my child, if necessary, to another foster care facility.
5. My child's participation in the activities planned by the placing agency and/or foster care facility, including trips within the state.
6. Carry out my part of the service plan.
7. Discuss with the Agency placement problems of my child.
8. Give reasonable notice to the placement worker if I plan to move my child, although I retain the right to withdraw my consent to foster care placement at any time.
9. Authorize the foster parent to give consent on behalf of my child except as prohibited by me in the agreement.

I agree the person providing care for my child may give legal consent on behalf of my child except as limited in the following statement.
(if more space is needed use the reverse side of this form).

THE UNDERSIGNED HAS CUSTODY AND CONTROL OF THE CHILD

CERTIFICATION

SIGNATURE OF PARENT			SIGNATURE OF WITNESS TO PARENT		<i>The terms and consequences of the voluntary signing of consent were fully explained to the Indian parent by the Agency representative in my presence, in a language understood by the parent. The right to withdraw consent at any time was also explained.</i>
SIGNATURE OF PARENT			SIGNED IN PRESENCE OF		
ADDRESS			REPRESENTATIVE, COUNTY WELFARE DEPARTMENT		
			ADDRESS		
HOME PHONE	ALTERNATE PHONE	DATE SIGNED	PHONE	DATE SIGNED	SIGNATURE OF JUDGE
					SUPERIOR COURT

Under provisions specified by State Child Welfare Services, if a child has been voluntarily placed for six consecutive months one of the following actions will be taken (*except for children otherwise provided for by State Department of Social Services regulations*):

- (1) Return the child to the physical custody of his or her parents or guardians.
- (2) Refer the child to a licensed adoption agency for consideration of adoptive planning and receipt of permanent relinquishment of care and custody rights from the parents pursuant to subdivision (m) of Section 224 of the California Civil Code.
- (3) Apply for a petition pursuant to Welfare and Institutions Code Section 332 and file the petition with the Juvenile court to have the child declared a dependent child of the court under Welfare and Institutions Code Section 300.